



# HealthBridge HRA Enrollment Form

Peak1 Administration | 7600 Mineral Drive, Suite 450 | Coeur d'Alene, Idaho 83815  
healthbridge@mypeak1.com | Phone: 855.814.7565 | Fax: 855.495.3669

<p><b>PARTICIPANT: Please complete all items listed below.</b> Carefully complete all sections. Missing information often results in enrollment delays, which could affect your ability to file claims and receive reimbursement of your qualified healthcare expenses and insurance premiums.</p> <p><b>Fully complete participant, spouse and dependent information (federally required information)</b> Enter participant contact information</p> <p><b>Sign and date Hold Harmless Agreement</b></p> <p><b>Make a copy of your completed form for your records</b></p> <p><b>Return original to your employer's payroll/benefits office</b></p>	<p><b>EMPLOYER: Please fully complete this section</b> Missing information often results in delays. This could affect your employee's ability to file claims and receive reimbursement for their expenses and insurance premiums. <b>Please make a copy of this completed form for your records.</b></p> <p><b>Enrolling employee is:</b> <b>Active</b> or <b>Separating/retiring on:</b> <b>Specified Participant Effective Date (optional):</b></p> <p><i>You may specify the enrolling employee's Participant effective date, not prior to the employee's hire date (or eligibility date). If no date is specified below, the employee shall become a Participant when a completed and signed Enrollment Form and contribution have been received by Peak1.</i></p> <p><b>Participant Effective Date:</b> <b>Employer Name:</b> <b>Authorized Employee Signature:</b></p> <p>X _____</p>
<p>Your employer will send funds on your behalf to Peak1 Administration. Upon receipt of the funds, you will be sent a welcome packet confirming the deposit and include a Claim Form and plan summary</p>	
<p><b>QUESTIONS? Call 855.814.7565, email healthbridge@mypeak1.com</b></p>	

## PARTICIPANT, SPOUSE, DEPENDENT INFORMATION (REQUIRED)

**Fully complete the following. Federal law requires the TPA to have all information on file.** Your spouse and qualified children and dependents are automatically covered under this plan. List any additional dependents on an attached sheet of paper.

First Name	M.I.	Last Name	Gender	DOB	Social Security Number
Participant			Male Female		
Spouse			Male Female		
Child/Dependent 1			Male Female		
Child/Dependent 2			Male Female		
Child/Dependent 3			Male Female		

## PARTICIPANT CONTACT INFORMATION

<b>Phone Number:</b>	<b>Email Address:</b>		
<b>Mailing Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>

## REQUIRED PARTICIPANT SIGNATURE AND HOLD HARMLESS AGREEMENT

I hereby become a Participant of the HealthBridge HRA plan. I realize that the parties involved in this Plan (including, but not limited to the Plan, my employer, my bargaining representative, the Trustees, and the agents of each, collectively referred to as the "Plan and its agents") cannot guarantee any federal or state tax results or investment results. I understand that should I fail to sign this agreement, I will (1) not become a Participant in the Plan; and (2) not be entitled to receive remuneration to which I may have otherwise been entitled to subsequent to implementation of the current Plan. I acknowledge that any benefits to which I may become entitled are subject to the terms and conditions of the governing Plan documents and applicable law, and that the Plan and its agents may withhold from such benefits (and may transmit to the government) any tax, charge, penalty, assessment, or other amount which is determined to be attributable to or allocable to such benefits or on account of the operations of the Plan and to hold the Plan and its agents harmless with respect to such actions taken in good faith. I have received, reviewed and understand the Plan and investment information provided in the Plan Benefits and Investment Fund information brochures.

**"By my signature I adopt and agree to the above statements."**

Participant Signature	Date	Phone Number
X		

**Please Submit Enrollment Form to Peak1 Administration HealthBridge HRA Department:**  
[healthbridge@mypeak1.com](mailto:healthbridge@mypeak1.com) or by fax to 855.495.3669



## HealthBridge HRA Enrollment Form

Peak1 Administration | 7600 Mineral Drive, Suite 450 | Coeur d'Alene, Idaho 83815  
healthbridge@mypeak1.com | Phone: 855.814.7565 | Fax: 855.495.3669

### PARTICIPANT LOGIN AND INVESTMENT OPTIONS:

Carefully read the investment options section of your HealthBridge HRA Welcome Kit

To choose your own investment allocations, please log-in to the participant portal at: [peak1participant.lh1ondemand.com](http://peak1participant.lh1ondemand.com). The participant portal is a great tool to view your account balance, claim history, file claims, upload receipts, access forms and review your plan details!

You will receive information regarding your investment options as well as how to access your account online in a welcome packet that will be provided once your enrollment information has been processed. For any questions regarding your investment options, please reach out to our HealthBridge HRA department by email at [healthbridge@mypeak1.com](mailto:healthbridge@mypeak1.com) or by phone at 855-814-7565.

**Questions:** Contact our HealthBridge HRA Department toll-free at 855.814.7565 or by email at [healthbridge@mypeak1.com](mailto:healthbridge@mypeak1.com). Our team is available Monday through Friday from 8:00am to 5:00pm Pacific Standard Time.

### ELECTRONIC COMMUNICATION CONSENT

Sign up for electronic communication! It's faster and more secure than waiting to receive paper documents in the mail. The electronic documents that you will receive include your welcome letter, plan summary, participant account statements and explanation of benefits (EOBs), general information, and important notices.

Please check the box and enter your email address to receive statements, newsletters, EOBs, and notices by email.

**Participant Name:**

**Email address:**

If you are electing e-communication, please note that after logging into the Healthbridge HRA participant portal, you (1) may withdraw your consent for electronic documents at any time without charge by updating your account preferences; (2) will be able to view and print copies of electronic documents (you may request paper copies by contacting Peak1 Administration); and (3) you can update your email address on file by updating your personal information. To access e-documents, you will need a copy of Adobe Acrobat Reader loaded on your computer. You can download and install a free copy by visiting [adobe.com](http://adobe.com). Documents sent electronically will not be sent via U.S. Mail.

### DIRECT DEPOSIT ENROLLMENT FOR CLAIMS REIMBURSEMENT

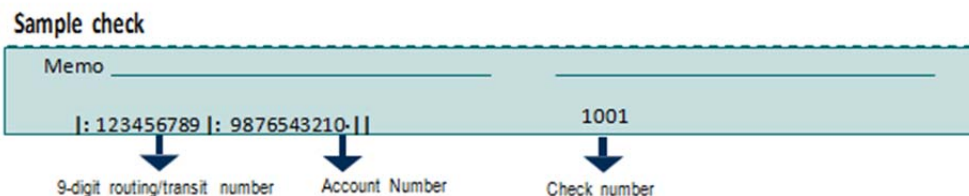
Sign up for direct deposit. It's faster and more secure than waiting to receive a paper check in the mail. When requesting direct deposit to a checking account, please provide either a voided check or a copy of a voided check for routing number and account number verification. For a savings account, please contact your financial institution for routing and account number verification in place of a voided check.

ACCOUNT TYPE:                      CHECKING              SAVINGS

NAME OF FINANCIAL INSTITUTION (bank or credit union)

9-DIGIT ROUTING/TRANSIT NUMBER (see sample check)

ACCOUNT NUMBER (do not include check number)



### REQUIRED PARTICIPANT SIGNATURE

Participant Signature	Date	Phone Number
X		

Please Submit Enrollment Form to Peak1 Administration HealthBridge HRA Department:  
[healthbridge@mypeak1.com](mailto:healthbridge@mypeak1.com) or by fax to 855.495.3669